

Injury Prevention Advisory Council (IPAC) Meeting
 Indiana State Department of Health
 2 North Meridian St., Indianapolis, IN –Rice Auditorium
 March 20, 2014- 1 pm EST to 3 pm EST

Welcome and Introductions:

Judi Holsinger – St. Vincent’s Hospital Indianapolis
 Michelle Sandoval – Indiana State Department of Health
 Mary Raley – St. Mary’s Medical Center
 Merry Addison- District 7 ER Nurses
 Dr. Joan Duwve–IU School of Public Health / Indiana State Department of Health
 Jody Yoder – Safe Kids Indiana
 Gretchen Martin – Indiana State Department of Health
 Jennifer Homan – Franciscan Alliance, St. Margaret and St. Anthony
 Crystal Vasquez – Franciscan Alliance, St. Anthony in Crown Pointe
 Jodi Hackworth – IU Riley
 Cara Wickens – IU Health Bloomington
 Lesley Lopossa – IU Health Bloomington
 Jill Castor – IU Health Methodist
 John Bodeker – Indiana Criminal Justice Institute
 Wendy St. John – Eskenazi Health
 Dawn Sullivan-Wright – Community Health Network

On the phone:

Carmen DeBruce- Safe Kids of Allen County
 Carrie Malone – Terre Haute Regional Hospital
 Lana Seibert – St. Mary’s Medical Center
 Kevin Hendrickson - Deaconess Hospital
 Jennifer Yack – Parkview Hospital
 Lisa Hollister – Parkview Hospital
 Bekah Dillon – IU Health Ball

Indiana State Department of Health Division of Trauma and Injury Prevention Staff:

Katie Gatz – Interim Director
 Camry Hess – Trauma Registry Data Analyst
 Murray Lawry – EMS Registry Manager
 Jessica Skiba – Injury Prevention Epidemiologist

Art Logsdon – Assistant Commissioner, Health and Human Services Commission
 Brian Carnes – Vital Records Division Director, Former Trauma and Injury Prevention Division Director

Purpose of the March 20th meeting:

- Network
- Discuss current burden of injury in Indiana
- Discuss further direction of IPAC

Jessica Skiba, Injury Prevention Epidemiologist at the Indiana State Department of Health, gave a presentation on the state injury indicators for injury morbidity and mortality in Indiana in 2011 and 2012. In preparation for the meeting, she created three handouts with data for the 2011 death data and the 2012 hospital admissions and ED visit data. The handouts are on the IPAC page on the ISDH website. Some general conclusions from the data presentation include the leading mechanisms of injury for injury deaths during 2011 were poisoning and motor vehicle traffic collisions, and the leading mechanisms of injury morbidity were unintentional falls, poisonings, and motor vehicle traffic collisions. The guidelines for the report were created by the Safe States Alliance, and other variables of interest, such as race, were not included in the guidelines. The report was presented as a starting point for the group, and includes the potential to explore other variables of interest in the future. The group discussed that race may not always be recorded or recorded accurately. The purpose of discussing the data was to set up discussion for how to move forward with IPAC.

The meeting shifted to discussing the IPAC Goals and Focus. The Mission of IPAC is: *"The mission of the Injury Prevention Advisory Council (IPAC) is to work with the Indiana State Department of Health (ISDH) to reduce injury-related morbidity and mortality in Indiana."*

The group thought the mission is good and straight forward in direction. The Mission was incorporated into the bylaws, which are at least three years old. The bylaws were created for the core funding grant that came out five years ago, but we were not funded. Jessica will send out a copy of the bylaws to the group.

The Goal of IPAC is: *"Through improved collaboration and dissemination of data and coordination of injury prevention and control efforts, the Indiana State Department of Health will reduce injury-related morbidity and mortality in Indiana."*

The group discussed that while this is a great overarching goal, it may need to be more specific in nature. Additionally, the goal is centered on the ISDH, not IPAC. It was asked if IPAC works under or side-by-side with the ISDH. Historically, IPAC has been a separate advisory council to the ISDH, but the group felt that it should be more cohesive and work together moving forward. The group also discussed that with the data presented for 2012 as an introduction, the future goals could include looking injury data with a focus on more specific demographics, counties, regions, and trauma centers.

In preparation for the discussion of the goals, Jessica outlined four specific items to specify how to reduce injury-related morbidity and mortality in Indiana, using the IPAC collaboration to engage the state in injury prevention awareness and outreach.

Item1 is to facilitate opportunities for collaborative prevention efforts in topics such as motor vehicle collisions, poisonings, falls, etc. It was brought up that while it is important to have the data to know about the burden of injury, it is also important to discuss counter-measures. For instance, if we notice a trend in injuries that fall under a specific age group or gender, what are the counter measures prevention methods to reduce the occurrence and severity of these injuries?

Item 2 is for *IPAC partners to share data, best practices, and evidence-based programs around the state*. This sharing would include things such as establishing communication among partners and ISDH staff, keeping ISDH informed about partner projects, sharing program topics and successes, identifying areas of opportunity around the state in injury prevention, and following trends and patterns in injury. The group commented that it would be valuable to look at a map of the state and break it down regionally or demographically to see if there are trends in certain areas. Jessica commented that she has experience in ArcGIS, which is a software program that produces maps, so she can make maps for the group to use. The maps could drill down into specific demographics and injuries. Another suggestion was to look at trauma vs non-trauma center data, and then cross-reference the state's trauma data with individual hospital's data. Katie mentioned that the ISDH produces reports where trauma centers and other facilities can compare themselves to the state average for certain trauma variables from the Indiana Trauma Registry. The reports also include the transfer times for trauma patients, which has a goal of under two hours. Gretchen Martin said that the local child fatality review teams will review every death of a child that is unexpected. They will use a national data form (20 pages) and collects many risk factors. This would be a data source the group could access.

Dr. Duwve commented that Clinton County has a large Hispanic population and when they looked at death rates for suicide, there were zero deaths among Hispanics. This indicates that the non-Hispanic population is disproportionately affected by suicide. She would like to drill down by race and county to better understand the current burden of injury. Someone else mentioned that the county rankings and roadmaps should be published soon, and for the first time injury, was listed for county and state level. John Bodeker mentioned that IUPUI breaks out traffic data by county and age.

Michelle Sandoval mentioned that IPAC should use maps and injury data to identify priorities, such as which counties are at high risk for suicide rate, etc. She mentioned she would like to see how Indiana is doing compared to the United States to help aide deciding priorities. The group mentioned that it would be helpful to look at more than one year of data for overall trends. It is hard to tell from one year of data what is changing, such as identifying the upward trend in poisoning and overdoses. John Bodeker mentioned that he mapped fatalities from motorcycles to see which counties to focus on for prevention. Jessica mentioned she completed a mortality study for heroin overdose for the CDC, which spans 2008-2012. The numbers from 2011 to 2012 indicate a jump in the problem. Dr. Duwve mentioned that the number of overdose deaths related to heroin is severely under reported and it would be important to look at the accuracy of the death certificate data.

The conversation shifted to **Item 3**, which is *to provide injury prevention updates for the ISDH IPAC website and newsletter outreach*. The website could be used as a resource for IPAC members and for the general public for education purposes. The Division of Trauma and Injury Prevention has a Trauma Times newsletter that is set out monthly. Jessica said she is interested in having guest columnists write injury prevention articles and publicize injury prevention events. Katie asked the group what tools they do you use to disseminate information in your region. Someone said that they met with the state chair of SADD chapter. They have a quarterly newsletter that goes to every high school in Indiana. We could reach out to that group for information for the newsletter. Jessica mentioned that ISDH has the potential to do press releases. The group asked if IPAC uses Facebook or Twitter, but as of now, we do not. Katie

mentioned that the Division of Trauma and Injury Prevention has a Facebook page. It was suggested that we could create a private, restricted Facebook group to stay updated to help send out the same message. Midwest Injury Prevention Alliance (MIPA) has a Facebook page.

The last item, **Item 4**, is *to enhance the skills, knowledge, and resources of the state's injury prevention workforce*, which includes disseminating educational materials, sharing educational webinars and learning opportunities, and eventually hosting a statewide conference. Jody Yoder mentioned that her organization hosts an annual **Indiana Injury Prevention Conference** on April 7-8th in Indianapolis. The conference focuses on child passenger safety.

Some relevant injury prevention legislation includes **House Bill 1343**, which passed and went to the Governor's Office. This bill requires mopeds to be licensed, by creating two classes of motorcycles. Class A is for motorcycles and Class B is for mopeds. This requires a plate, but not insurance. The plate will be a different color, and moped drivers are limited to 35 mph. **Senate Act 227** is an expansion of Lifeline Law and will provides immunity to teenagers and people under age 21 to report injury or sexual abuse or unconscious due to drug or alcohol overdose when alcohol has been consumed underage. The rule will also allow first responders to carry and administer naloxone (Narcan), and will require a study on sexual abuse.

The group continued to network, with everyone seated at the table explaining some of their injury prevention projects and priorities. The group discussed that there were a lot of commonalities among IPAC members, and that it made sense to discuss project topics, success, and share best practices. Some of the more common injury topics from the networking include falls, motor vehicle collisions, domestic violence, and ATV injuries. Jessica asked the group if the group like to hear a presentation on Dr. Walthall's ATV project, to which the group responded yes. Jessica agreed to contact Dr. Walthall in order to present at the June 12, 2014 meeting.

The meeting adjourned at 3 pm.

Meeting follow-up:

- Jessica to send out IPAC bylaws to the group once she receives them from Jodi Hackworth
- Jessica to create and send out membership list, with member's injury prevention priorities
- Jessica to create maps based on group's request to better visualize the burden of injury at the state, county, and regional level
- Jessica to investigate continuing education opportunities (CEUs), which may include grants/grant writing.
- Jessica to talk with Dr. Jennifer Walthall about presenting her ATV project at the June 12th IPAC meeting

Meetings will be held in Rice Auditorium at ISDH at the following dates and times:

Thursday, June 12: 1 pm-3 pm EST

Wednesday, September 10: 10 am-12 pm EST

Thursday, November 20: 1 pm-3 pm EST